

Notice: Use of this specific form is voluntary, but the information contained on this form must be collected and kept by the permittee under s. NR 216.48(4), Wis. Adm. Code, for a construction site covered under the General WPDES Construction Site Storm Water Discharge Permit, Permit No. WI-0067831-2. This form is provided for the convenience of the permittee to meet the requirements of s. NR 216.48(4), Wis. Adm. Code. Multiple copies of this form may be made to compile the inspection report.

Inspections of implemented erosion and sediment control best management practices must be performed weekly and within 24 hours after a precipitation event 0.5 inches or greater which results in runoff.

Weekly written reports of all inspections conducted by or for the permittee must be maintained throughout the period of general permit coverage.

The information maintained in accordance with s. NR 216.48 (4) must be submitted to the Department upon request.

| | |
|---|--|
| Name of Permittee: Watertown Park Apts. LLC | |
| Construction Site Name (Project): Basco CTH R Apartments | Construction Site ID No.: WI-S067831-04 FIN 53212 |
| Location: CTH R | County: Dodge |
| Contractor: Jerry Hepp Excavating | Field Office Phone: (920) 285-6745 |

Note: Weekly inspection reports, along with erosion control and stormwater management plans, are required to be maintained on site and made available upon request.

| | |
|---|---|
| <p>Date of inspection (mm/dd/yy): 07/27/15</p> <p>Time of inspection: Start: <u>3:00 pm</u> End: <u>3:30 pm</u></p> | <p>Type of inspection: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Precipitation Event <input type="checkbox"/> Other (specify) _____</p> <p>Name(s) of individual(s) performing inspection: Robert J Davy</p> |
|---|---|

Weather: sunny and 80,

Description of present phase of construction:
North wet pond being dug, cross culverts in, topsoil silt fence replaced, two foundations in, and berm on end of low point in place.

| Modifications Required | Yes | No | Not Applicable | Comments/Recommendations about the overall effectiveness of the erosion and sediment control measures. Note: For each item checked "Yes", complete the follow-up information on page 2. |
|-------------------------|--------------------------|--------------------------|--------------------------|---|
| Ditch Checks | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Erosion Control Plan | | X | <input type="checkbox"/> | |
| Erosion Mat | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Grading Practices | | X | <input type="checkbox"/> | |
| Inlet Protection | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Mulch | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Offsite Sediment | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Permanent Seeding | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Schedule / Phasing | | X | <input type="checkbox"/> | |
| Silt Fence | | X | <input type="checkbox"/> | |
| Silt Screen | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Sod | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Stabilized Outlet | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Temp. Diversion Channel | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Temp. Settling Basin | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Temporary Seeding | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Tracking Pads | | X | <input type="checkbox"/> | |
| Turbidity Barrier | <input type="checkbox"/> | <input type="checkbox"/> | X | |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | X | |

CONSTRUCTION SITE INSPECTION REPORT

Form 3400-187 (rev. 9/04)

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FIN 53212

Use the space below for detailed follow-up action items.

| Exact place of erosion/sediment control inspected | Type of erosion/sediment control and its observed condition | Description of any necessary maintenance or repair to erosion/sediment control, including anticipated date of completion |
|---|---|--|
| | | |